

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 13.

MEDICAL LITERATURE OF KENTUCKY.

Dr. L. P. Yandell, it is known to most of our readers, has been for several years engaged on a history of the Medical Literature of Kentucky. We are glad to announce that the work is nearly ready for the press. It will embrace a list of all the books and medical papers written by physicians of Kentucky from the settlement of the state down to the present time. It will give, in addition, biographical sketches of all the deceased writers, so far as it has been practicable to obtain materials for them. Histories of the medical institutions of the state, and of the principal epidemics by which it has been visited, will also be given, and his address on American Medical Literature before the International Medical Congress, at Philadelphia, will be appended to the volume, making it a summary in chronological order of what American physicians have written since the beginning. It will form an octavo volume of about six hundred pages, which the author proposes to publish by subscription in the next few months.

Few men living are so well qualified as Dr. Yandell to write the medical history of our commonwealth. One of the oldest of its practitioners, he came a student to its first medical school soon after its organization, more than half a century ago. He was a medical editor more than twenty years, and in that capacity was brought into close relations with our medical writers. In the schools he was associated as pupil or colleague with Brown, Dudley, Cooke, Caldwell, Short, Miller, Rogers, and the other great men who have conferred luster upon the medical profession of Kentucky.

VOL. III.—No. 13

With all these opportunities for observing the events which have marked the medical history of Kentucky, no other man, we believe, is endowed with greater ability to record them. Those who have read Dr. Yandell's writings—and there are few physicians in the South and West who have not—must have been impressed with his peculiar powers as a medical historian. With a singular facility for distinguishing events important to record; a life-long student of medicine, closely tracing the advance of his profession; a poetic temperament, whose ardor seventy years have not cooled; and withal, a writer of English most chaste, he gives to his sketches a dramatic interest and scientific accuracy seldom equalled by pens within or without the profession. It is indeed fortunate for Kentucky medicine that such an historian is among its sons, and the living generation of doctors must hail with pleasure the fair tribute to their fathers, and the monument to present worth; and especially will the hundreds, nay thousands, who, in times past, listened to the teachings of Dr. Yandell from the rostrum and journalistic page welcome his last and best work.

VULCAN VS. MERCURY.

The controversy between the "Archives of Clinical Surgery" and Dr. Sayre drags its clumsy length along. It originated in a critique of the Archives upon Dr. Sayre's late book on Orthopædic Surgery, which noted its lack in pathology, and intimated that its author was over-fond of appropriating other persons' inventions. Upon which one of the doctor's admirers jumped into

the arena, and after likening the revolution introduced by Dr. S. in surgery to the one made by the Son of God in religious matters, proceeded with several pages more of somewhat minor importance. A reply from the Archives brings Dr. S. himself to the front, armed *cap-à-pie*, corselet of plaster, breeches of wire, and anklets of Milan steel. He brings with him in the shape of artillery the favorable notices his book has received in other quarters, and a volume of Cooper's Surgical Dictionary. These he proceeds to hurl at the head of the Archives, with the intimation that the editor of that journal reads with one eye only.

The practice of orthopædy, according to the parties in this controversy, must be terribly straining on the morals; for whatever influence it may have in straightening out its patients, it seems to lead its practitioners into wonderfully crooked ways. "Fathering" is the polite word the Archives applies to the appropriation by Dr. S. of what does not belong to him, while in phrase not quite so soft Dr. S. speaks of other followers of the art; of one as guilty of falsehood, of another as false, of a third as perhaps combining accomplishments worse than those of the other two—as we are darkly referred to the patent-office for his record, and the reasons why Dr. S. can not accept *him* as a colleague.

As we have not been especially asked, we will not give our opinion upon the specific points at issue, but may say this much, we believe: that whatever be the state of wickedness they have arrived at, the profession is under many obligations to Drs. Davis, Bauer, Taylor, and Sayre, one and all, for the improvements they have made in orthopædic surgery. Nor will it (and certainly not we) forget the praise due to Dr. Bryan for the happy idea of the plaster-jacket.

To Dr. Sayre is it especially indebted; for whether originating with him or coming through him, as Columbus or Vespucci, we are in possession of wonderful improvements in surgical procedure, and we are quite ready to indorse in the main what his eulogist,

Dr. Green, said in the New York Journal, which was copied into our forty-second number.

We commend the quiet temper shown by our contemporary in this controversy, and we must deprecate the tropical language used by the opposing parties. The extravagant simile especially, used by Dr. Wyeth, to which we have referred, is rather apt to be considered by persons having a religious turn of mind as bordering on the blasphemous; and even if it do not he should remember that Dr. Sayre is not only a great surgeon, but an extremely modest man, whose blushes should be spared.

BAD COMPANY.

THE New Orleans Journal of Medicine notices the fact that a batch of circulars from the Nashville Medical College (Winter-and-spring-doublebackaction Incubator) was addressed to the students who had attended the winter course of the University of Louisiana, and expresses surprise that gentlemen should be engaged in such business. Had the editor of that journal studied the ways of such institutions more closely, he would have ceased to wonder at any thing emanating from them. The defilement which comes of touching pitch, evil communications, etc., are texts which occur to us to throw light on the quandary of our contemporary. Not that the practitioners of the black-arts connected with the diploma-mills would not be highly offended if in the exercise of their rights as American citizens any imputation should be cast upon their "high-toned" characters. Ah, no! The fact is, your heaviest chivalry is to be found in this class, and the role of Cato is quite a favorite one with the medical Peter Funk. The circulars of the Nashville school, like those of the Kentucky prototype, have no doubt been sent to all the winter colleges. They came to Louisville. At the Hospital school they were received by the janitor, and kindled one of the earliest spring fires. They

were left on the University steps like an illegitimate child, whose authors were ashamed of it; and on being presented at the Phenomenon's quarters, whose spring hopper was itself in the process of filling, it is said that the miller in charge addressed the messenger with the honeyed phrase, "Shall dog eat dog?"

DEATH OF DR. B. M. WIBLE.

It is our painful duty to announce the death of Dr. B. M. Wible, which took place in this city on the 26th inst. He was in his sixty-third year, and had passed forty-three years in the practice of medicine, graduating at the Ohio Medical College in 1834. Beginning his professional life in Nelson County of this state, of which he was a native, he removed to Louisville shortly afterward, and for more than a third of a century was a prominent occupant of this field. He served as a surgeon in the war with Mexico, and in the civil war, during which he was for a time in the Second Kentucky C.S.A., commanded by the celebrated Roger Hanson. Subsequently he was on hospital duty in the confederacy.

Dr. Wible possessed well-marked traits of character, prominent among which were tenacity of opinion, a gentle heart, and simple bravery. He had a very large circle of acquaintanceship and devoted friends. The meeting of the physicians called in respect to his memory was the largest of the kind which has been held in this city since Lewis Rogers died, and the church where his funeral obsequies were held was filled by the profession and people.

We are called on to record also the death of Dr. Henry D. Pope, of this city, which occurred on the 15th instant, when he was in his thirty-first year. While he was one of our junior physicians, just entering his second decade in practice, Dr. Pope had taken a prominent stand in the profession of Louisville. He leaves many friends to

regret his untimely end, who will remember with admiration and affection his brightness and devoted loyalty.

DR. BARTHOLOW announces in *The Clinic* that he will soon be able to pay his attention to Dr. Woodward, of the Surgeon-general's office, in the matter of the difference which exists between them, originating in the debate before the International Congress on the subject of typho-malarial fever. The discussion will no doubt prove most interesting to physicians of the South and West, where, whatever may be the pathological mistake implied in the name, there arises so often the terrible malady resembling both typhoid and remittent fevers, and yet clinically not distinctly within the confines of either. Dr. Bartholow intimates that a press of literary and professional engagements has hitherto prevented him from engaging with the Washington authority, and not any consideration of the pronunciamento issued by this gentleman that "he was a terrible fellow in a controversy." If the information has not yet reached Washington, we may inform people there that our Western champion is "no slouch" in such matters. The controversy will no doubt step over statistics a little at an early round. As we wish to be an impartial referee in the matter, we give no opinion in advance as to the outcome of this professional mill. Pools may be had at this office at any time at current odds.

SULPHATE OF CINCHONIDIA.—The present high price of the sulphate of quinia, which, the Messrs. Powers & Weightman report, is likely to be maintained for several months, will no doubt cause more attention to be paid to the other alkaloids of the cinchonas—quinidia, cinchonidia, and cinchonia—particularly in view of their great comparative cheapness. Their efficacy, as compared with quinia, has been thoroughly discussed, especially during the last year, and our readers are already in possession of the facts.

Original.

CASES REPORTED BY PROFESSOR DONALD MACLEAN FROM HIS CLINIC AT THE UNIVERSITY OF MICHIGAN.

The following cases are reported as having interest in themselves, but especially as they offer an opportunity to contrast homeopathic with regular surgical procedure. The history of the report, too, illustrates a curious phase in the irrepressible conflict which is waging in the Northwest. Its publication at home, which was desired, has been refused on the ground that it bore too heavily on our homeopathic brethren, and that, too, by a press which in times gone by has not been considered friendly to these gentlemen. It seems to me, therefore, all the more important that the report should be made public, coming, too, as it does from a source which this same press has on many occasions more than hinted was contaminated by affiliation with homeopathy:

CASE I.—FIBROID TUMOR IN THE SHEATH OF THE MEDIAN NERVE.

W. H. H., aged seventy-two years, from Kalamazoo. For five years the patient has suffered intense and constant agony from a swelling situated somewhat deeply among the tendons of the fore-arm, about two inches from the wrist, on the palmar surface; also severe pain on both sides of the thumb and the radial side of fore-finger on the palmar aspect. For this ailment patient has consulted numerous practitioners, and has tried innumerable external applications, but all in vain. Moreover he has taken internally a large quantity of homeopathic medicine, administered, as usual, without any reference to the pathology of his disease.

The patient expressed his willingness to submit to any treatment which I deemed proper. Consequently I at once administered chloroform, and dissected out a fibroid tumor the size of a hickory-nut from the under-surface of the sheath of the median nerve. The wound, being accurately stitched up, healed by first intention, and the patient

was discharged on Wednesday, Dec. 20th, just four days after the operation, perfectly relieved from all his distressing symptoms.

CASE II.—STRICTURE OF THE URETHRA.

The following history is condensed from the patient's statement:

J. F., from Grand Rapids, Mich., eighteen years ago, suffered from seminal weakness, for which he was treated successfully by Dr. E. H. Dickson, of New York, who applied nitrate of silver. Two years afterward symptoms of stricture appeared, and have steadily increased. At different times he has suffered from retention of urine. On one occasion this condition continued for forty-two hours; prolonged efforts of a physician of De Witt, Mich., to pass an instrument being unsuccessful, and the patient refusing to accede to this gentleman's proposition to tap the bladder above the pubes. Relief came at last spontaneously. About eight years ago the operation of internal urethrotomy was performed by the same practitioner of De Witt, and from this expedient the patient derived much relief; but in consequence of the extreme irritability of the urethra he was unable to continue the use of bougies after the operation, and consequently the stricture soon became as tight as ever. About four years ago he suffered severely, and at this time he betook himself to another physician, who endeavored in vain to introduce instruments through the stricture. As the result of these attempts acute orchitis supervened, *and the left testicle sloughed out in toto*. During the last five years, in addition to his other distressing symptoms, rigors of the most violent character have been superadded. Of late he has had as many as three severe chills within twenty-four hours. Numerous physicians have been appealed to in the hope of obtaining relief from this last symptom; but neither quinine, arsenic, nor any thing else has had any beneficial effect.

A few months ago the patient consulted a homeopath at Grand Rapids, who prescribed little pellets, which had no manner of effect upon either the stricture or the chills.

Patient was then recommended to Dr. Gilchrist, of Detroit, who is also professor of surgical therapeutics in the homeopathic college of this university. Dr. G. attempted to pass a catheter, *the stylet of which was attached to the negative pole of a galvanic battery!* Several attempts of this kind having failed, Dr. Gilchrist brought the patient to Ann Arbor, and presented him at the homeopathic clinic, where several attempts of the same novel character were made, but in vain. He then advised the patient to *go home and buy a battery and catheter, and treat himself!*

At this juncture patient made up his mind to abandon all hope of obtaining relief, and was on the point of returning home, when through the advice of members of the homeopathic class he came to the surgical clinic on Wednesday, December 6th, when the foregoing history was elicited in presence of the class.

At this time also examination by metallic instruments demonstrated the existence of a tight stricture just anterior to the bulb. The smallest sized instrument refusing to pass easily, it was deemed proper to take another opportunity of getting through the stricture. Notwithstanding the utmost tenderness was used in making this exploration, no pain being complained of and no blood being drawn, still it was followed by a severe rigor.

No further attempt upon the stricture was made until Sunday, December 10th, when I experienced comparatively little difficulty in introducing the smallest-sized instrument into the bladder, which was followed at once by Nos. 2 and 3. A large quantity of fetid urine was withdrawn by the last instrument introduced. The cause of his frequent chills being thus eliminated, they at once disappeared, and have not since returned. Since that time instruments have been passed in presence of the class every third day, and the improvement has been unusually rapid, as may be judged from the fact that on Wednesday, the 20th inst., Nos. 9, 10, and 11 were passed.

The improvement in the general health, physical and mental, of the patient, has been in direct proportion to the improvement of his local ailment.

In my animadversions upon this instructive case the opportunity was gladly embraced of urging the glaring absurdity and immorality of homeopathic practice, and the no less glaring dishonesty of homeopathic professions.

The patient stated before the class that Dr. —, a homeopath, of Detroit, *had advised him to go and contract gonorrhea, with the view of curing his stricture in accordance with the law of "similia similibus."*

The whole history of homeopathy in relation to this case is of course exceedingly discreditable. As to the galvanic-battery expedient, it appears from the statement of the patient that the battery was used for the purpose of introducing the instrument through the stricture; but in the course of my observations on this view of the matter a homeopathic student arose in the class, and with all due politeness volunteered the information that the object of the battery was not to secure the passage of the instrument through the stricture, but for the purpose of causing dilatation by electrolysis—the catheter being insulated, except at the point, which was supposed to come in contact with the stricture.

While thanking the student for his explanation, I was still compelled to pronounce unqualified condemnation of the practice, and the theory on which that was based; electrolysis, so far as the treatment of stricture is concerned, having long since been weighed in the balance, and found utterly wanting.

At the same time I took occasion to say to the class that under ordinary circumstances the failure to pass an instrument through a tight stricture does not involve actual disgrace to the operator, provided no injury is inflicted in the attempt; nor does the want of knowledge of the latest views of the profession upon a given subject imply unpardonable ignorance; but I

do maintain that when a man is the representative of an institution whose existence is a standing rebuke to the great profession of medicine, with its vast army of laborers and co-laborers, numbering as it does in its ranks many of the most brilliant and most noble of men; when a man is the representative of an institution whose maintenance is secured by the most contemptible of accusations against the medical profession, virtually saying as they do to the people of the land, "We have a new and superior system of treating disease, which this *old* and *allopathic* profession are either so *stupid* that they can not or so *wicked* that they will not accept;" when a man places himself in such an attitude as this, I maintain that there is *no excuse* for such a display of *incapacity* and *ignorance* as this case has afforded us.

In regard to the advice given to this patient by the homeopath —, a homeopathic student volunteered the defense that this disgusting and immoral practice has in times past been followed by some members of the regular profession in France.

This so-called "*new school*," which presumes to nickname the regular medical profession as "*the old school*," has no better defense to offer for its immoral absurdities than that they once found some advocates in the ranks of this same "*old school*." Is it wise or just that this modern light should be permitted any longer to remain hidden under a bushel?

ANN ARBOR, MICH.

Reviews.

Annual Report of the Supervising Surgeon-general of the Marine Hospital Service of the United States for the fiscal Year 1875.
By JOHN M. WOODWORTH, M. D. Washington: Government Printing-office. 1876.

This is a handsome volume of two hundred pages, containing the report of Dr. Woodworth, the supervising surgeon; containing among other interesting matter notices of the operations of the service, ap-

plication of recent legislation, preliminary examinations of surgeons, etc., followed by elaborate statistics of the Marine Hospital Service during 1874-75, the tables occupying seventy-five pages, with an appendix in which appear the contributed papers. The papers are upon Yellow Fever at Key West in 1875, by Rob. D. Murray, surgeon, etc.; at Barrancas in 1875, by Jas. S. Henn, M. D.; at New Orleans and Pascagoula in 1875, by John Vansant; on Syphilis and Chancroid, by P. H. Bailhache; on Consumption as affected by Sea-faring Life, by A. C. Hamlin; on Scurvy, by C. N. Ellenwood; on the Life-saving Service in its Relation to the Marine Hospital Service, by H. W. Lawtelle; on the Seton in Paralysis and Epilepsy, by T. J. Griffiths; on Observations on Ships' Medicine Chests, by Robert D. Murray.

We need scarcely say, coming from such a source as does this book, that it contains much valuable matter—indeed to statistical medicine invaluable. Several of the contributed papers evince considerable merit. The one on Syphilis, by Dr. Bailhache, formerly on duty in this city, is exceedingly well considered; and the one on the Seton in Epilepsy and Paralysis, by Dr. Griffiths, at present in charge of the Marine Hospital at Louisville, is a most valuable contribution to surgery. This paper is republished at length in the American Practitioner for March.

Chemical and Microscopical Analysis of the Urine in Health and Disease. For Physicians and Students. By GEO. B. FOWLER, M. D. Second edition. New York: G. W. Putnam's Sons.

This is a little book of ninety pages. It is a summary of the practical matter of that very extended science of Urology. Some attention is given to the character of normal urine and its behavior under reagents. Especial care has been bestowed upon the pages given to urinary deposits. They are copiously illustrated with well-made cuts, representing microscopic appearances.

In order to produce a manual of small size, the author gives the quantitative analy-

sis of only two components, urea and sugar. He rightly concluded that quantitative estimates of phosphates, chlorides, sulphates, etc., having no decided clinical value, would be but lumber in a book of such modest pretensions. The working observer of refined pathological and physiological relations should look elsewhere for the minute learning he requires.

If two more pages were added, and on one was given a table of percentage of sugar to the degrees of the burette, and on the other the quantity of urea to the fluid ounce according to the division on the tube, the bulk would not be noticeably increased, while the busy practitioner unused to chemical calculations would have his work much facilitated.

We hope the next edition will notice the improvement on Davy's volumetric method for urea, of adding a few drops of bromine to the solution of chlorinated soda.

A brief chapter on examination of calculi closes this very convenient treatise upon the clinical features of the urine. J. W. H.

Miscellany.

DR. B. M. WIBLE.—RESOLUTIONS OF RESPECT TO HIS MEMORY BY THE PHYSICIANS OF LOUISVILLE.—At a large meeting of the physicians of Louisville, held at the rooms of the School Board, March 27th, the death of Dr. B. M. Wible was announced, whereupon Dr. E. D. Forée was called to preside, and Dr. Coleman Rogers appointed secretary.

Before the commencement of the business for which the meeting assembled, Dr. Forée, the president, in some feeling remarks alluded to the virtues and abilities of Dr. Wible.

On motion, a committee on resolutions was appointed, consisting of Drs. Hill, Bullitt, J. M. Bodine, David Cummins, John B. Richardson, and Willoughby Walling.

During the recess afforded by the retire-

ment of the committee Dr. J. M. Keller made some appropriate remarks relative to the exalted character of the deceased.

The committee on resolutions made the following report, which was adopted as the sense of the meeting:

Death has been here, and Dr. B. M. Wible's spirit has been severed from its earthly habitation.

The recollection of his virtues will embalm his memory within our own, and the lessons taught by his stern integrity, his constant and faithful performance of duty, his eagerness of heart and high sense of honor, must leave their impress upon all with whom he came in contact.

Resolved by the physicians of Louisville assembled, That in Dr. Wible we recognized all the virtues that make a noble life. He was generous, brave, and kind, with a heart ever responsive to any call of his fellow-man, and a hand ever ready to aid distress wherever found. In business intercourse he was always just, giving to the full measure. As a citizen he was noted for his unswerving and enthusiastic patriotism. As a physician he was patient, tender, and sympathetic, devoted alike to his profession and to suffering humanity.

Resolved, That in the death of Dr. Wible the medical profession of this city and state has lost one of its brightest ornaments and one of its accomplished members. In his intercourse with his professional brethren he was distinguished for his hearty appreciation of their merits and leniency toward their shortcomings. His gentle spirit made him

"To their virtues very kind, and to their faults a little blind."

Resolved, That we tender our deepest sympathy to his family in this their hour of bereavement and affliction.

Resolved, That a copy of these resolutions be sent to his family, be published in the daily newspapers and in the medical journals of the city.

H. M. BULLITT,
J. M. BODINE,
DAVID CUMMINS,
J. R. RICHARDSON,
WILLOUGHBY WALLING,
Committee.

THE OPIATOR.—The "opiator" is the name of an instrument intended to give opiate injections per rectum. It is a syringe whose barrel is of glass, graduated, and nozzle of metal, and sufficiently long to pass the sphincter. It is manufactured by Messrs. Cadman & Shurtleff, of Boston.

THE New York Medical Record contains the account of the reopening of the New York Hospital, which eight years ago disposed of its ancient site, situated in the midst of the business portion of the city, and with the funds thus obtained erected a new building farther up town. The institution has accommodation for two hundred patients and sixty attendants, and cost nine hundred thousand dollars. It is fitted up with unsurpassed magnificence. The New York Hospital is one of the most celebrated connected with the annals of American surgery. Within its walls Dr. Post, in 1813, successfully ligated the common carotid artery for the first time in this country, and, in 1817, the subclavian also for the first time in America. In 1818 Valentine Mott, in this hospital, tied the innominate artery for the first time in surgery. A number of other famous operations have been done in its amphitheater, and surgeons and physicians whose reputations belong to the nation have been on duty in its wards.

Professor W. H. Van Buren delivered the inaugural at the opening.

MEETING OF PHYSICIANS.—At a meeting of the physicians of Louisville, held on the 22d inst., the death of Dr. Henry D. Pope was announced, whereupon Dr. R. H. Gale was called to preside, and Dr. Coleman Rogers appointed secretary. On motion a committee on resolutions was appointed, consisting of Drs. George W. Griffiths, R. O. Cowling, T. P. Satterwhite, Thomas J. Griffiths, and W. H. Long. Their report was adopted as the sense of the meeting and read as follows:

Whereas, God in his allwise Providence has seen fit to remove from our midst our esteemed professional brother, Dr. Henry D. Pope, well known for his professional worth and sterling merits as a man; and since it is becoming and proper that we who have known the deceased so long should give some expression to our sentiments of respect which we cherish for his memory, therefore, be it

Resolved, That in the death of Dr. Pope the medical profession of Louisville has lost a valued brother, our city an upright citizen, and society a true and honorable man.

Resolved, That we tender to the family of Dr. Pope our profoundest sympathy in this their great bereavement.

Resolved, That we shall attend the funeral, and assist in giving a last sad tribute to his memory.

Resolved, That these proceedings be furnished the city papers for publication, and that a copy of them be sent to the family of the deceased.

COLEMAN ROGERS, *Sec'y.*

R. H. GALE, *Pres't.*

THE meeting of the Kentucky State Medical Society will be held in Louisville on the 3d, 4th, and 5th of April, in the hall of the Masonic Temple, corner of Fourth and Jefferson streets.

A number of manufacturers have applied for space, and there will no doubt be a fine display of pharmaceutical preparations, surgical instruments, etc., at the meeting of the Kentucky State Medical Society.

THE INCREASE OF NERVOUS DISEASES.—Dr. Althaus, in *Med. Times and Gaz.*, London, in answer to the question, "Do the conditions of modern life favor the development of nervous diseases?" states in an elaborate statistical paper that such is not the case. We can not answer for England, but feel well assured that in this country nervous affections, particularly paralyzes and neuralgias, are far more frequent than they were twenty-five or thirty years ago; a fact which we think is in a large degree attributable to the use of tobacco, coffee, tea, and opium.

PHYSICAL BENEFIT OF SUNDAY.—Sunday is God's special present to the working-man, and one of his chief objects is to prolong his life and preserve efficient his working-tone. In the vital system it works like a compensation pound; it replenishes the spirit, the elasticity and vigor which the past six days have drained away, and supplies the force which is to fill the six days succeeding; and in the economy of existence it answers the same purpose as the economy of income is answered by a savings-bank. The frugal man

who puts away a pound to-day and another pound next month, and who in a quiet way is putting by his stated pound from time to time, when he grows old and frail gets not only the same pound back again, but a good many pounds beside. And the conscientious man who husbands one day of his existence every week—who, instead of allowing Sunday to be trampled and torn in the hurry and scramble of life, treasures it up—the Lord of Sunday keeps it for him, and in length of days the hale of age gives it back with usury. The savings-bank of human existence is the weekly Sunday.—*Sanitarian*.

KEROSENE LAMPS.—The Wiener Medicinische Presse says: "A merchant returned home about two o'clock at night, and found his wife lying on the bed, groaning heavily, and unconscious. She was waiting his return, and at last, tired out, laid herself upon the bed, after turning down the wick of a lighted kerosene lamp as low as possible without extinguishing it. In this position of the wick, if the oil is bad, a vapor mixed with an innumerable quantity of specks of soot diffuses itself through the apartment, and so covers the eyes, nose, and respiratory organs that on falling asleep one runs a risk of suffocation. It is always advisable, therefore, in the use of kerosene lamps to allow the wick to burn brightly or to extinguish it entirely." A physician in Kentucky traced without a doubt his attacks of asthma to the use of kerosene lamps.

A BIRTHDAY party was given to a little boy in Brooklyn recently, and one of the guests who had occasion thus described it to a physician the next day: "First we all had some lemonade and sponge-cake; then we had birthday-cake and ice-cream; then we had lots of mixed candies and some nice chocolate; and then we had some more lemonade and birthday-cake and caramels; and then Hattie Thomas and I had an awful stomachache; and Johnnie's mother and Miss Mary mixed a big glassful of pepper-

mint-water; and after they made Hattie and me drink all we could of it, they gave the rest all round to the others, and Johnnie's mother said she guessed we had better go home."—*Sanitarian*.

Selections.

Treatment of Salivation.—Salivation may occur by accident or design. To guard against it the teeth should be kept free from tartar (by the dentist). A soft tooth-brush should be often used with some alkaline (perhaps astringent as well) tooth-powder or wash. Such compounds as the following are good specimens of what is wanted. They are all agreeable to the taste:

R Pulv. saponis gr. xx-3 ss;
Pulv. myrtæ 3 ss;
Pulv. cinchonæ..... 3 ss-3 j;
Pulv. iridis florent..... 3 ss;
Cretæ preparat..... 3 xj;
Ol. ros-geran..... q. s. M.

Sassafras or winter-green oil may be used instead of the rose-geranium.

Or,

R Aluminis 3 j;
Tinct. kramerizæ 3 ss;
Aque gaultherizæ 3 iv. M.

Or,

R Ext. kramerizæ..... 3 j;
Aluminis..... 3 j;
Aque rosæ 3 iv. M.

The use of chlorate of potash during a mercurial course allows a greater quantity of the mercurial to be administered without producing salivation.

R Potass. chlorat..... 3 iv;
Aque menth. pip..... 3 ij;
Syr. simpl 3 ij M.

S. Teaspoonful in water every two hours.

The approach of salivation is heralded by certain symptoms. The breath acquires a peculiar flat, foul odor, called the mercurial fetor, which is very characteristic. It commences mildly before salivation, and persists with increasing intensity through the duration of the latter. The tongue gets coated; the mouth tastes constantly of copper (as the patient puts it), and is particularly disagreeable upon waking in the morning; the secretion of saliva increases; the gums get redder than usual, especially at the necks of the teeth.

All these signs forerun actual salivation. When they are present the mouth is said to be "touched," and the prudent physician looking out for these signs can generally avoid actual salivation by making his

patient cease his mercury, and take a drachm and a half (about) of chlorate of potash in solution daily, together with frequent warm baths.

In actual salivation all the symptoms already detailed are much intensified. The tongue swells, and it, with the lips and sides of the cheek, may ulcerate. The gums sometimes show a purplish line along the necks of the teeth; they become spongy and fungous, bleeding at the lightest touch. The teeth loosen and project from their sockets; portions of the jaw may necrose; meanwhile pints of saliva are daily dribbling through the swollen lips.

In full salivation an excellent remedy is the subcutaneous injection of sulphate of atropine:

R Atropiæ sulph..... gr. j;
Aque destill..... $\frac{3}{4}$ j. M.
S. Five minims subcutaneously.

About one hundredth of a grain is enough to give at a time. The dose may be repeated several times a day, watching the effect upon the pupils. The salivary flow is generally greatly influenced by this means.

Of course all mercury is to be stopped. Warm baths should be ordered. A mild alkaline diuretic is given:

R Potassæ citratis..... $\frac{3}{4}$ j;
Aque..... $\frac{3}{4}$ iv. M.
S. Teaspoonful in a little water four times a day.

Chlorate of potash in a solution of a drachm to the pint may be used as a constant mouth-wash, and from one to two drachms of chlorate of potash in solution taken into the stomach daily. An astringent mouth-wash is often of service:

R Pulv. aluminis..... gr. xx- $\frac{3}{4}$ j;
Sodæ bichloridæ..... $\frac{3}{4}$ viij;
Aque..... $\frac{3}{4}$ viij. M.
Or,
R Acid. tannic..... $\frac{3}{4}$ j- $\frac{3}{4}$ j;
Mellis..... $\frac{3}{4}$ ij;
Aque..... $\frac{3}{4}$ vj. M.
Or,
R Tinct. myrrhæ..... $\frac{3}{4}$ j- $\frac{3}{4}$ ss;
Aque gaultheriæ..... ad $\frac{3}{4}$ viij. M.

Where disinfection is required, one grain of permanganate of potash in an ounce of water, or a half of a one-per-cent solution of carbolic acid, or a teaspoonful of Labarraque solution in a glass of water, may be used as a constant mouth-wash.

The patient should be restricted to a milk-diet or to very soft articles of food.—*Keyes's Tonic Treatment of Syphilis.*

Ointment of Chrysophanic Acid.—A. W. Postans, in British Medical Journal, says: "As the first specimen of chrysophanic acid, which is now creating so much interest in this country as a remedy for ring-

worm, was prepared by myself, in our laboratory, from Goa powder, according to the process devised by Prof. Atfield, and some of it afterward given to several medical friends, among them Mr. Balmanno Squire, you will, I am sure, permit me to state that the easiest, the simplest, and by far the best method of making it into an ointment is to dissolve the acid in hot fat. I find that two drachms will dissolve in one ounce of lard, but this is very concentrated. The hot ointment should then be transferred to a mortar, and rubbed down till cold. If to each ounce of ointment so prepared two drops of otto of roses be added, a most beautiful preparation results, possessing in an eminent degree the active properties of the acid with the delicate and attractive odor of the rose."

The Danger Attending the Introduction of Fluids into the Nasal Passages.—Dr. Albert H. Buck, of New York, publishes (Medical Record) ten cases of injury to the ear following the introduction of fluids into the nasal cavity. Remarking upon the general belief that the nasal-douche alone is apt to produce this sort of trouble, he says:

"The introduction of a fluid into the nasal passages in a sufficiently large quantity to bathe the orifice of the Eustachian tube (no matter by what method it is introduced) is not wholly free from the danger of setting up an inflammation of the middle-ear. As stated by the patients themselves, the fluid is forced into the ear by the act of blowing the nose subsequently to the introduction of the fluid into the nasal passages. The depression corresponding to the orifice of the Eustachian tube is adapted by its very shape to retain, for a short time at least, a drop or two of the fluid which has been made to bathe its lips. From this position the adherent drop of fluid is undoubtedly forced up into the cavity of the tympanum; immediately the patient supplies the necessary *vis à tergo* by blowing his nose, which patients are instinctively led to do very soon after the employment of any of the methods mentioned above.

"So far as I am aware, no cases have as yet been reported where inflammation of the middle-ear followed the use of the atomizer, the spray being introduced either by way of the naso-pharyngeal space or by way of the anterior nares. If a sufficient amount of spray, however, be introduced, I can not see why the danger is not just as great under these circumstances as when the other methods are used. Instantaneous spraying can simply cover the entire mucous membrane with an exceedingly thin layer of fluid, and consequently must be a perfectly safe proceeding; but continuous spraying, kept up for a quarter of a minute or half a minute, must introduce into the nasal passages as large a quantity of free fluid as would, for instance, the snuffing-up process. As regards the quality of the fluid used, all the solutions

generally employed, simple water not excepted, seem to be more or less irritating to the mucous membrane of the middle-ear, though solutions of salt appear to produce the most violent forms of otitis media. The acute attacks of inflammation of the middle ear, which are so common after bathing in salt-water, are probably to be explained in the manner described above. The bather dives, swims under water, and in one way or another introduces quite a large quantity of salt-water into the nasal passages; and on reaching the shore one of his first acts is to clear out his nasal passages by blowing the nose forcibly. In this way some of the salt-water finds its way into the middle-ear.

"It is greatly to be desired that those physicians who have made extensive use of these different methods of bathing the nasal passages should give us the exact proportion of cases in which disturbances in the ear have followed the treatment. Such a statement would show more accurately the degree of danger incurred than does such a report as the one here submitted.

"Many will be very likely to ask themselves the question: If these different methods of treatment, which we know by actual experience to be often beneficial, are attended with danger, what is left for us to do in the treatment of these annoying and obstinate catarrhal affections? To answer this properly would lead me too far. I would say, however, that my own preferences have induced me to employ almost exclusively the so-called swabbing method, the applications being made to the naso-pharyngeal mucous membrane only, and the remedy used being nitrate of silver in solutions of varying strength (from twenty to forty grains to the ounce of water). To my knowledge not a single unfavorable result has ever followed this plan of treatment."

Perityphlitis—Operation on the Eleventh Day—Recovery.—J. C. Adams, M. D., of Lake City, Minn., in the Medical Record of March 24th, reports the following:

"Mrs. J. H.; Irish, aged forty years, mother of eleven children, the youngest six years old. January 27th ult., rode eight miles on rough road while menstruating. That night she awoke with slight pain in right flank, which continued the succeeding nights. Monday (3d day) assisted in washing. Wednesday, 31st, saw her for the first time. Pulse, 90; temp. 100°. Tenderness on deep pressure in right iliac region. No tumor. No tympanitis. Pain only on motion. Bowels moved day before. Suspected nature of disease impending. Prescribed morph. sulph. $\frac{1}{4}$ gr., every three hours, and warm water dressing.

"As the family did not think the case serious I did not visit her again until the evening of February 7th. In the meantime I was daily informed that she

was "comfortable, but weak." On the 6th, being told that her bowels had not moved for several days, and that, though she did not vomit nor "bloat," she was greatly troubled with "gagging," I prescribed calomel gr. v., which operated freely, with relief. February 7th, sent for in haste, patient having had a severe chill, and complaining of a "burning in her right side." Temp. 104°; pulse 100, and feeble. Very firm pressure detected a small, deep-seated, ill-defined induration. Point of greatest tenderness one half inch above, and one inch to the inside of anterior superior spinous process of ilium. Point of greatest dullness the same. This was the uniform result of oft-repeated palpation and percussion. Dr. Vilas, of Lake City, administering chloroform and rendering other valuable assistance, I divided integument, fat, external and internal oblique muscles, and the fibres of transversalis attached to outer third of Poupart's ligament. An incision was made one inch above anterior superior spinous process of the ilium, and parallel with Poupart's ligament, three inches. I was now able to distinctly feel and partly define the induration, but could perceive no fluctuation. Introduced No. 1 aspirator needle, attached to a small syringe, three times into tumor. First and second time toward its borders, each time obtaining a few drops of pus. Third time into point of greatest tenderness and dullness, and withdrew a teaspoonful of fetid pus. I made a one-half-inch incision over this point, inserted the end of my finger, and bored through into what felt like a cavity lined by a villous membrane. I did not explore it laterally. *Extremely* fetid pus gushed out in a continuous stream, and continued to ebb with each inspiration while the wound was being dressed. The pubic third of wound was closed by suture, and antiseptic poultice applied and continued one day, being frequently changed. After that carbolized oil (3 ij.—Oj.) on lint was substituted. For the first five days a female catheter was daily inserted in the hole through transversalis. For the first week wound was dressed four times daily, every dressing being preceded by a thorough syringing with carbolic solution (fl. 3 j.—Oj.). Next day after operating (9th) temp. had fallen from 104° to 100°. Pulse from 130 (at time of operation) to 110. Next morning (10th) temp. 98°, pulse 110. Nothing of note occurred until fourth day, when peristaltic action of bowel at base of wound induced a painful dragging sensation which woke her frequently during the night. An enema producing a free stool ended this trouble. A deep inspiration at this time induced a similar pain—"stitch in the side." It recurred slightly two days later, when bowels moved, and was not again complained of. Suppuration was established in the wound on the third day, and the healing process was continuous. On the eleventh day after operation (the last time I saw patient) the

wound was reduced to a mere sinus communicating with central cavity. Was able to sit up while her bed was being made, and functions all normal. Yesterday (22d) her husband told me the wound was almost healed, and that she was fast regaining her usual health. The important points in this case, I believe, are the following: The absence of visible tumor. The reliability of the indications furnished by percussion and palpation. The value of aspiration as a guide to the point of puncture. The evidence of the near approach of death (tem. 104°, pulse 130, and very feeble) preceding rupture of abscess. The speedy subsidence of all dangerous symptoms after operation."

Diagnosis and Treatment of Oxaluria.—Prof. Primavera, of Naples, draws a distinction between physiological and pathological oxaluria. The first occasions no functional disturbance, and shows crystals of oxalate of lime in the urine of healthy individuals when they have eaten vegetables containing the oxalate, as spinach, carrots, sorrel, etc.; it may then be present in the proportion of 0.1 per litre, and if the vegetable has not been too largely partaken of, the oxalate will be held in solution by the sodæ phosphas of the urine.

In testing for oxalate of lime, the author adds to twenty-five centimetres of urine four centimetres of a solution of chloride of lime (three grammes of the salt to sixty grammes of water), and about ten drops of aqua ammoniæ; the heavy precipitate of phosphate of lime which follows is dissolved by the addition of glacial acetic acid in excess; and the urine is permitted to stand fifteen hours. Oxalate of lime, urea, and other substances are deposited: a filtrate is obtained, and the residuum washed and acidulated with muriatic acid; uric acid and epithelial scales are removed, the acidulated oxalate has aqua ammoniæ added to it, and in six hours the crystals of the oxalate become visible.

What the author terms local pathological oxaluria, when stone is formed, is easily diagnosed by means of the microscope. On the other hand, general oxaluria, due to hypochondriasis and nervous troubles, is more difficult to detect, and a careful examination of the urine is very necessary. The patient must avoid eating vegetables which contain the acid; the urine must have stood for a time, decomposition must not have begun, and the urine must not be strongly alkaline, if the examination is to result in an exact diagnosis in a case of suspected oxaluria.

In the treatment of this disease Cantani had the best results with an absolute meat diet; he regarded the disease as bearing a likeness to diabetes, from an etiological point of view. He held the opinion that when oxalic acid does not come from without the body, it is formed within, from starch and saccha-

rine food, as in diabetes, and that it is formed at the expense of the urea.

The author modifies Cantani's treatment. At first he confines the patient to a meat diet, and forbids the use of vegetables, as well as spirituous drinks. Gymnastic exercises and sodæ phosphas are ordered; later, eggs and cheese; and still later, green vegetables and wine are allowed. When the disease has about gotten well a return to other diet is permitted; at first in small portions, so that the patient may gradually accustom himself thereto. When a stone of oxalate of lime already exists in the bladder, he prefers cystotomy to lithotripsy, because these calculi are small and very hard.—*Allgemeine Medicinische Central-Zeitung*.—*Med. and Surg. Reporter*.

Precautions in Using the Hypodermic Syringe.—In the last volume of the Transactions of the West Virginia State Medical Society Dr. John Frissell relates a case of mammary cancer proceeding from the puncture of a hypodermic syringe. He adds the following directions regarding the use of this instrument: In the first place the needle is to be polished and washed until it becomes perfectly clean and smooth. Secondly, after thoroughly cleansing the inside of both needle and syringe, the fluid to be injected is to be slowly drawn in. Then, thoroughly anointing the needle with a solution of carbolic glycerine (glycerine eight drachms, carbolic acid one drachm), the skin at the point selected for the injection is to be seized between the thumb and forefinger of the left hand, lifted up and made tense, and the needle pushed through at right angles, taking special care that its point neither touches muscle, gland, or other solid tissue. The fluid should be then slowly injected into the cellular tissue. After the withdrawal of the needle, a finger should be placed over its point of entrance, and the part rubbed and pressed until it becomes perfectly smooth and flat. Should there be any irritating ingredients in the injected fluid, their action, of course, must be regarded as independent of the condition of the needle and syringe.

When careful to follow strictly the directions above given, in the use of the hypodermic syringe, he has seen neither sores, tumors, abscesses, nor bad results of any kind follow.—*Phila. Reporter*.

"After-pains" of Tooth-extraction.—J. A. Chapple (Dental Cosmos) says he has found nothing so beneficial for obtunding after-pains as phénol sodique, a phenate of soda, "sold by all druggists." It is indispensable to a surgeon's cabinet, and every dentist who has employed it in his practice will, he feels confident, agree with him in the assertion. Saturate a pellet of cotton in the above preparation, apply it to the socket, and dismiss your patient.